

<input type="checkbox"/> SUMMONS FOR DEFENDANT <input checked="" type="checkbox"/> SUMMONS FOR WITNESS	DOCKET NUMBER [REDACTED]	Trial Court of Massachusetts District Court Department	
SESSION: [SEVERITY CODE]  NAME, ADDRESS AND ZIP CODE OF DEFENDANT  Commonwealth vs. [REDACTED]		NAME AND ADDRESS OF COURT DIVISION  Taunton Trial Court 40 Broadway Taunton, MA 02780	YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN
		DATE AND TIME OF APPEARANCE Jury Trial <b>February 8, 2012 at 08:30 AM</b>	
		DATE                    TIME	
NAME, ADDRESS AND ZIP CODE OF WITNESS KATE CORBETT, CHEMIST C/O STATE LAB INSTITUTE 305 south st boston, MA 02130		OFFENSE(S)  CONSPIRACY TO VIOLATE DRUG LAW c94C §40, DRUG VIOLATION NEAR SCHOOL/PARK c94C §32J, DRUG, POSSESS TO DISTRIB CLASS A c94C §32(a), FIREARM USE IN FELONY, FIREARM WITHOUT FID CARD, POSSESS c269 §10(h) (2 counts) and HEROIN/MORPHINE/OPIUM, TRAFFICKING IN c94C §32E(c)	

**TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH:**  
 You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable age and discretion then residing therein, or by mailing it to the last known address of the defendant or witness.  
 NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.

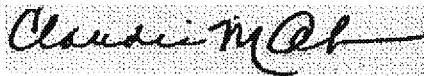
To the above named     Defendant     Witness:

You are hereby ordered to appear in this Court on the appearance date noted above.

To answer to a criminal complaint charging you with the offense(s) listed above.

To give evidence and testify on behalf of the  Commonwealth  Defendant in the matter described above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:



<b>WITNESS:</b>	FIRST JUSTICE Hon. Kevin J. Cunningham	DATE OF ISSUE February 2, 2012	CLERK-MAGISTRATE 
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#### RETURN OF SERVICE

I hereby certify that I served the within summons upon the above named  Defendant  Witness by

- Delivering a copy of it personally to the defendant or witness.
- Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein.
- Mailing a copy of it to the last known address of the defendant or witness.
- I received the summons on \_\_\_\_\_ but I was unable to make service because: \_\_\_\_\_

DATE RECEIVED

DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE	TITLE OF PERSON MAKING SERVICE
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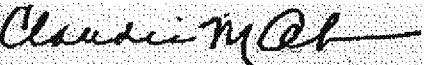
<input type="checkbox"/> SUMMONS FOR DEFENDANT <input checked="" type="checkbox"/> SUMMONS FOR WITNESS	DOCKET NUMBER [REDACTED]	Trial Court of Massachusetts District Court Department	
SESSION: [SEVERITY CODE] NAME, ADDRESS AND ZIP CODE OF DEFENDANT  Commonwealth vs. [REDACTED]		NAME AND ADDRESS OF COURT DIVISION  Taunton Trial Court 40 Broadway Taunton, MA 02780	YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN
		DATE AND TIME OF APPEARANCE Jury Trial February 8, 2012 at 08:30 AM	
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NAME, ADDRESS AND ZIP CODE OF WITNESS KATE CORBETT, CHEMIST C/O STATE LAB INSTITUTE 305 south st boston, MA 02130		OFFENSE(S) CONSPIRACY TO VIOLATE DRUG LAW c94C §40, DRUG VIOLATION NEAR SCHOOL/PARK c94C §32J, DRUG, POSSESS TO DISTRIB CLASS A c94C §32(a), FIREARM USE IN FELONY, FIREARM WITHOUT FID CARD, POSSESS c269 §10(h) (2 counts) and HEROIN/MORPHINE/OPIUM, TRAFFICKING IN c94C §32E(c)	

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WITNESS:	FIRST JUSTICE Hon. Kevan J. Cunningham	DATE OF ISSUE February 2, 2012	CLERK-MAGISTRATE 
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#### WARNING TO DEFENDANT OR WITNESS

Failure to appear in accordance with this summons may result in the issuance of a warrant for your arrest. Please bring this document with you to court.

#### ATENCION:

Esta es una notificación oficial de la corte.  
Si usted no sabe leer inglés, obtenga traducción !

DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE	TITLE OF PERSON MAKING SERVICE
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